



Louisiana Office of Student Financial Assistance Field Outreach Services (LFOS)

LFOS Activity Report FACULTY Sign-in Sheet

School Name: _____
LFOS On-Site School Coordinator: _____
Title of Activity: _____
Date of Activity: _____

FACULTY/ADMINISTRATION NAME (Print Clearly)	Initials
1. _____	_____
2. _____	_____
3. _____	_____
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